PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							^	Application or Docket Number 10/659,762			ing Date 10/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER F	LED	NUMBER EXTRA		Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		l	N/A]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		l	N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mi	minus 20 = *		•		x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			п	minus 3 = *			l	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE S	If the specification and drawir sheets of paper, the applicati is \$250 (\$125 for small entity) additional 50 sheets or fractio 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL		
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL										ER THAN ALL ENTITY			
AMENDMENT	12/21/2007	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 84	Minus	** 120		= 0		X \$25 =	0	OR	x s =		
	Independent (37 CFR 1,16(h))	• 4	Minus	···17		= 0		X \$105 =	0	OR	x s =		
ΜĒ	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
_		CLAIMS REMAININ AFTER AMENDME	VG	HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ш	Total (37 CFR 1,16())		Minus					x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***				x \$ =		OR	x \$ =		
Ψ	Application Size Fee (37 CFR 1.16(s))									1			
Αľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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